

## Clinical Cases.

### TUBERCULAR MENINGITIS—DISSEMINATED MILIARY TUBERCULOSIS.

WARDS FOR NERVOUS DISEASES OF THE PHILADELPHIA HOSPITAL. SERVICE OF CHARLES K. MILLS, M.D.

M. B., colored, aged 7 years, a thin, ill-nourished child, presenting a well-marked angular curvature in the mid-dorsal region of the spine, on the afternoon of September 2d, while begging, fell in the street in convulsions. She was picked up and brought in the ambulance to the Philadelphia Hospital, and on admission there, a few hours after the convulsion, she was perfectly conscious, answering questions freely and complaining only of pain in her head. During night of the same day convulsions recurred, continuing with short intervals of repose until near midnight, when, after a short inhalation of amyl nitrite they ceased entirely, the patient passing into a deep sleep. The convulsive movements consisted of irregular tossings of the arms and legs, clenching of the hands, and rolling of the eyes, these movements being accompanied by irregular and stertorous or semi-stertorous respiration.

On the following day, September 3d, the child was stupid, lying with half-closed eyes and knit brows; she was inclined to be irritable, and complained of headache when aroused; her bowels were constipated; appetite was lost; temperature was normal. She was ordered sodium bromide with syrup of the iodide of iron. She became brighter, and for several days showed marked signs of improvement.

On the afternoon of September 8th, convulsions again occurred; the temperature rose to  $101^{\circ}$  F.; she had continuous pain in the head; she was also troubled with vomiting, which was controlled with difficulty; the bowels were obstinately constipated. She was ordered a fever mixture with small doses of quinine, and her bowels were opened with an enema.

During a period of ten days, but little change occurred in her condition; she still complained of headache, vomiting occurred at irregular intervals; her temperature varied from normal in the morning to  $100^{\circ}$  F. in the evening. The following is the temperature record from the 8th to the 18th of September inclusive.

September	8th.—Morning,	$100^{\circ}$	F.;	Evening,	$101^{\circ}$	F.
"	9th.—	"	$100^{\circ}$	F.;	"	$100.4^{\circ}$ F.
"	10th.—	"	$99^{\circ}$	F.;	"	$99.4^{\circ}$ F.
"	11th.—	"	$98.2^{\circ}$	F.;	"	$98^{\circ}$ F.

September 12th.—	Morning, 100°	F.;	Evening, 99.4°	F.
“ 13th.—	“ 98.4°	F.;	“ 98.3°	F.
“ 14th.—	“ 98°	F.;	“ 98°	F.
“ 15th.—	“ 99°	F.;	“ 100°	F.
“ 16th.—	“ 98.8°	F.;	“ 99.5°	F.
“ 17th.—	“ 99.4°	F.;	“ 100°	F.
“ 18th.—	“ 99°	F.;	“ 98.5°	F.

On September 19th, her temperature ascended in the evening to 102°. Severe convulsions occurred during the night. The following day she lay in a stupor, although she could be aroused. Her face wore an anxious, pinched expression. Respirations were rapid and shallow; the pulse was rapid and feeble. Belladonna and bromides were administered. She continued in much the same condition, but gradually failing. September 23d, convulsions again occurred during the night. On the 24th, she had difficulty in swallowing, with increased stupor. On the 25th and 26th, the stupor deepened, and she had irregular movements of the arms and legs, with labored respiration. On the afternoon of the 27th, her temperature steadily ascended, reaching 106° half an hour before death, which occurred at 8.15 P.M. The temperature record from the 19th until her death was as follows :

September 19th.—	Morning, 99.2°	F.;	Evening, 102°	F.
“ 20th.—	“ 96.2°	F.;	“ 102°	F.
“ 21st.—	“ 102.4°	F.;	“ 100.2°	F.
“ 22d.—	“ 100.4°	F.;	“ 99.4°	F.
“ 23d.—	“ 99.8°	F.;	“ 100°	F.
“ 24th.—	“ 100.4°	F.;	“ 99°	F.
“ 25th.—	“ 98.3°	F.;	“ 98.1°	F.
“ 26th.—	“ 101.2°	F.;	“ 100.3°	F.
“ 27th.—	“ 99.3°	F.;	4.45 P.M., 106°	F.

*Autopsy.*—The autopsy was held twenty-two hours after death. There was turgescence of the meningeal vessels. The cerebrospinal fluid was largely increased. Numerous aggregated, semi-translucent miliary tubercles were found in the pia mater and arachnoid, more particularly in the occipital and parietal regions along the course of the vessels. Here and there were small, irregular patches. The longitudinal fissure anterior to the corpus callosum was obliterated. A few indistinct tubercles were to be seen along the course of the vessels in the Sylvian fissure. Anterior to the optic chiasm was a collection of sub-arachnoidal lymph. The anterior and posterior horns of the left lateral ventricle were slightly enlarged, and contained about two drachms of fluid. Both pleural cavities were obliterated by extensive and firm adhesions. The left lung showed very numerous disseminated tubercles. The heart showed nothing abnormal, except several sub-endocardial ecchymoses on the ventricular wall of the left side. In the abdomen were evidences of widespread tubercular peritonitis. The liver and spleen contained numerous miliary tubercles; the kidneys showed a small number of miliary tubercles in the cortex. Numerous isolated glands were turgescient and semi-translucent.